

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 021825-004710US							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____		In re Application of Chakravarti, Shukti <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 09/694,758</td> <td style="padding: 2px;">Filed October 23, 2000</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For GENE EXPRESSION PROFILING OF INFLAMMATORY BOWEL DISEASE</td> </tr> <tr> <td style="padding: 2px;">Art Unit 1639</td> <td style="padding: 2px;">Examiner Liu, Sue Xu</td> </tr> </table>		Application Number 09/694,758	Filed October 23, 2000	For GENE EXPRESSION PROFILING OF INFLAMMATORY BOWEL DISEASE		Art Unit 1639	Examiner Liu, Sue Xu
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Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540 _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 270 _____
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-1430.
☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>55,246</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____	<div style="text-align: center;">  _____ Signature Joe C. Hao Typed or printed name </div> <div style="text-align: center; margin-top: 10px;"> 925 472 5000 Telephone number </div> <div style="text-align: center; margin-top: 10px;"> February 26, 2010 Date </div>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.